

X-ray Technicians – Second survey

X-ray and other radiation exposures (personal history)

28. Please indicate how frequently you had any of the following **DIAGNOSTIC PROCEDURES** during the specified calendar years. If you never had a particular procedure, mark the box for "Never had" and leave all other columns blank for that procedure. Please count the number of times you had a procedure, **NOT** the number of individual films taken.

☐ I have not had any of the procedures listed below (GO TO QUESTION 29)

[illegible]

- [illegible]

- ☐ No (GO TO QUESTION 31)

- | BODY AREA
TREATED WITH
RADIOTHERAPY | Never
received | Before 1980
For Cancer Not for Cancer | 1980 - 1989
For Cancer Not for Cancer | 1990+
For Cancer Not for Cancer |
|---|-------------------|---|---|---|
| Head or neck | O | O O | O O | O O |
| Shoulder | O | O O | O O | O O |
| Chest or spine | O | O O | O O | O O |
| Abdomen | O | O O | O O | O O |
| Pelvis | O | O O | O O | O O |
| Extremities | O | O O | O O | O O |
| Other, specify:
_____ | O | O O | O O | O O |

31. As a PATIENT, have you undergone any NUCLEAR MEDICINE procedures? Here, we are interested in procedures performed ON YOU, not those performed BY YOU.

- O No (GO TO THE NEXT SECTION)
- O Yes® Please indicate whether you received any of the following radionuclides for a diagnostic or therapeutic reason during the specified calendar years. If you did not receive radionuclides during a specific time period, leave items under that column blank. If you never received a particular radionuclide, mark the square for “Never received” and leave all other columns blank for that radionuclide.

TYPE OF RADIONUCLIDE	Never received	Before 1980		1980 - 1989		1990+	
		For Diagnosis	For Therapy	For Diagnosis	For Therapy	For Diagnosis	For Therapy
¹³¹ Iodine	O	O	O	O	O	O	O
¹²⁵ Iodine	O	O	O	O	O	O	O
^{99m} Technecium	O	O	O	O	O	O	O
²⁰¹ Thallium	O	O	O	O	O	O	O
Other, specify: _____	O	O	O	O	O	O	O
Type unknown	O	O	O	O	O	O	O